JUL 7 1911
GIFT

VOL. IV NO. 7

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE AND THE CALIFORNIA MEDICAL JOURNAL.

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JULY, 1911

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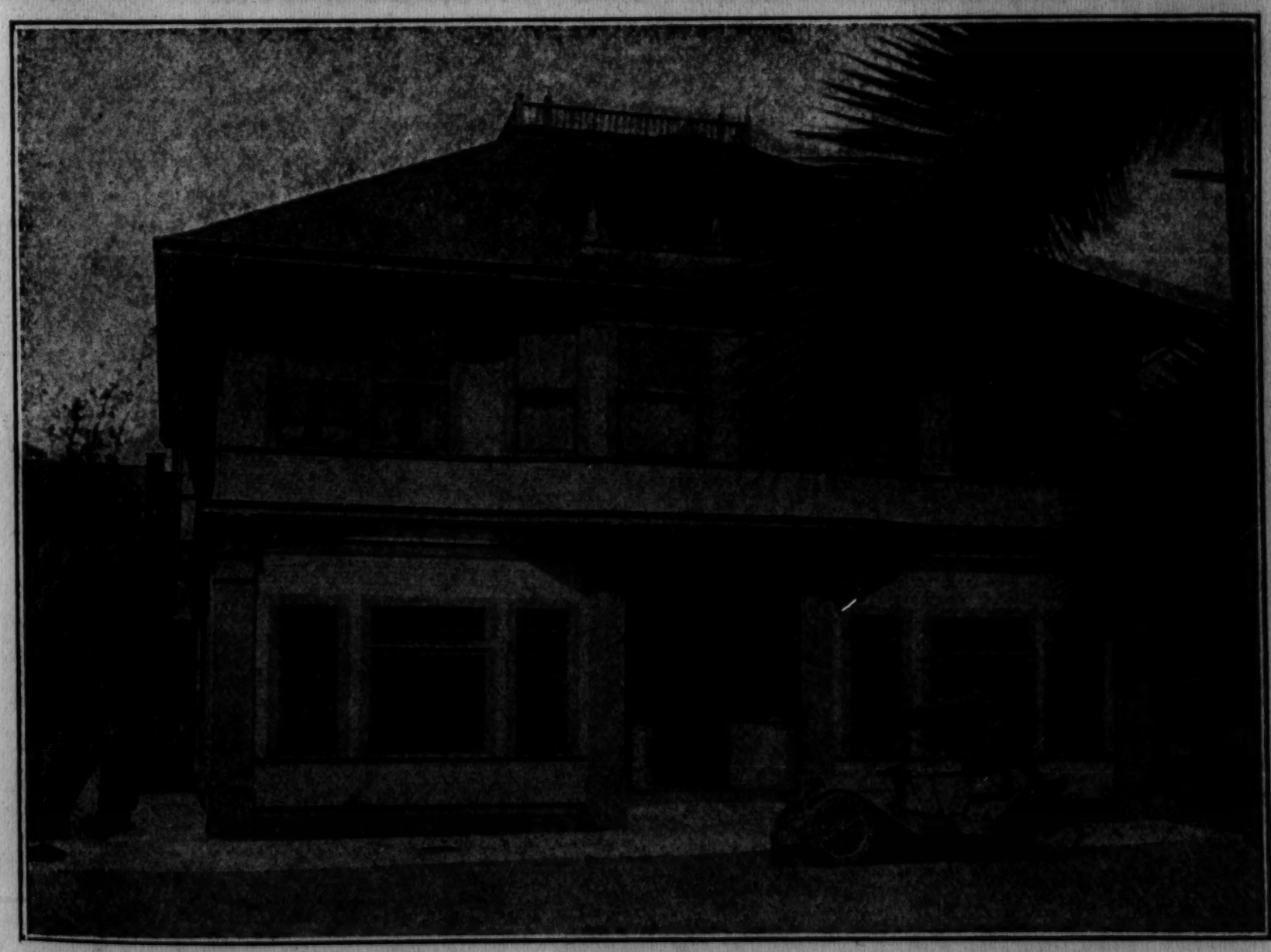

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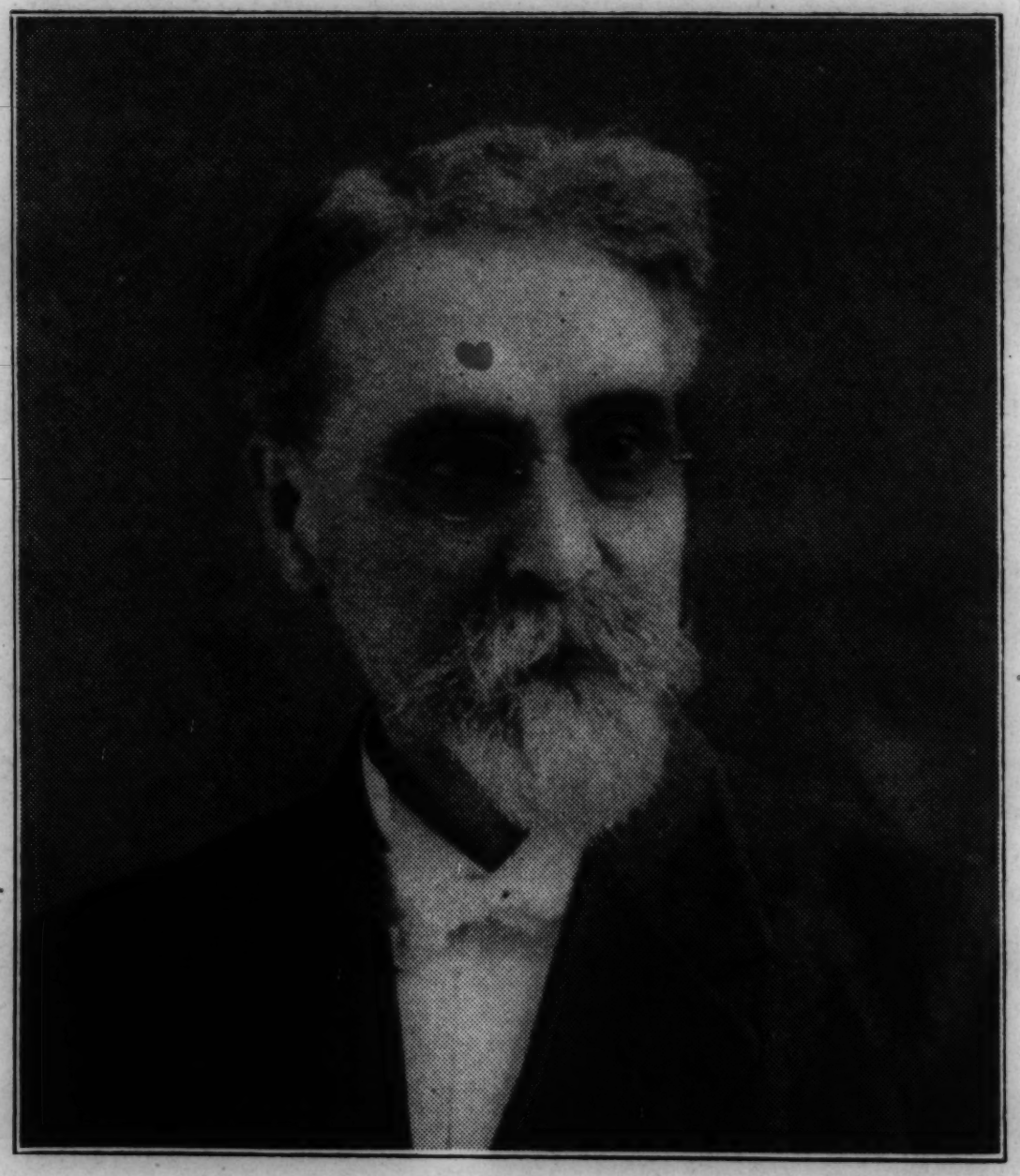

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# The California Eclectic Medical Journal

Vol. IV JULY, 1911. NO. 7


## Original Contributions

### PROLAPSUS OF THE SPLEEN.

F. G. de Stone, M. D., San Francisco.

I wish to report a case of prolapsus of the spleen, which on account of its rarity will doubtless be of interest.

August 10, 1910, I was asked by the parents of a child to consult with a physician whom they had employed for their daughter, aged six. The little patient had been taken to a hospital and was, according to diagnosis of their doctors, awaiting the removal of a tumor of her rectum, with the alternative of death within forty-eight hours.

I refused to consult, for several reasons. (1) Because four doctors (all allopaths) had already passed on the case, three of whom demanded immediate operation as the only means to save the child's life. The fourth doctor, a splendid surgeon, whom I knew well, suggested that as the child had some symptoms of typhoidal disease, it would be the part of wisdom to study the case a little time before rushing into an operation.

(2) I felt that I would not agree with any of them, and I wanted to be free to express my own opinion without being pitied for being an eclectic.

(3) I wanted to be just to the parents, which I felt I could not do if I was obliged to let the others down easy.

I found the child with a temperature of 104 and a record of a steady increase of temperature. A blood count and urinalysis had been made and both showed nearly normal. Pulse was very rapid and thready at about 150; tongue coated brown with fiery red tip; abdomen tumid and very much distended; liver much enlarged and great tenderness in hypochondriac and gastric regions; area of heart dullness also increased. History of malaria.

Owing to tenseness of the abdominal muscles no abnormal growth could be detected by external pressure, although had

the state of the patient been such that it would have been possible to chloroform her and thus relax the muscles, the mistake in diagnosis made by the other physicians would not likely have occurred.

Digital examination revealed a nodulated mass situated immediately above the anus, having a firm feel in its central portion but nodulated and fluctuating on its outer border and could be mapped out for about two inches in front and somewhat more posteriorly. I concluded that the mass, in the main, was a fecal impaction with probably an abscess formed in its central portion and that it was situated in the turn of the sigmoid. I advised that other means be tried before an operation was resorted to, and ordered an enema at once. They had ordered milk every two hours and as much eggnog as she would take. The enema brought away a lot of putrid milk that smelled to heaven, and with this fermenting mass came long shreds of mucus, more than ever convincing me that a mass of feces was walled off in the colon. After the enema the temperature fell over a degree and the child seemed to revive wonderfully and this had the effect of convincing the parents that there was hopes of the child's recovery and the father insisted on my having the case; this resulted in an order from the hospital management that the case be removed from their establishment. Although in such a critical condition I decided to have her taken to her home, which was accordingly done the following morning. Two hours after her removal the temperature again rose to 104 and grave disturbances of the circulation alarmed me very much, the pulse being too rapid to count. Frequent doses of veratrine soon brought it down; another enema containing permanganate of potassium brought away more putrid milk and this was followed in about an hour by long shreds of mucus mixed with much pus. I staid with the patient four hours, manipulating the abdomen during which time the temperature dropped to 101 and the pulse became strong at 96. I ordered no food save orange juice, continuing the fast three days more; directed the parents to give two more enemas during the day (normal salt) of one quart each. For the septic condition I ordered echafolta in twenty drop doses every two hours, with instructions to give veratrine 1-67 every thirty minutes if the heart became too rapid.

There was but little change in the condition of the patient for three days save the temperature reduced to 102 and the circulatory disturbance occurred less frequently.

On the morning of the fourth day, after a full enema, the child almost fainted and became so deathlike that I thought the

end was at hand; the anus opened and more than eight ounces of creamy pus oozed out; then as if wrapped in thin gauze two round rolls about two inches long and half an inch in diameter came away; they proved to be hardened feces, showing my conjecture as to fecal impaction being the rectal tumor, was correct. In about an hour the child revived and the temperature became subnormal 97 2-5. Digital examination now revealed no rectal tumor and I felt our victory won.

The child now rapidly recovered and in a few days was up and playing with her dolls, but the pulse was still erratic; so much so that at times she was obliged to lie down. Several days passed, the pus ceased coming away with the enemas and the abdominal walls became flaccid enough so that I could outline a hard lump in the middle line just above the linea alba a little to the left, and to my surprise it was movable. After working with it for some time I succeeded in drawing it up out of the pelvis and found it firm and smooth to the feel and in outline similar to the spleen. This I thought was impossible, but both kidneys could be made out in their normal position and too, where the spleen should be found there was no dullness. I was much puzzled, went home and read up on spleenic conditions but could find nothing like this case. The next day I succeeded in raising it up out of the pelvis and high enough above the pubes to enable placing a truss which Clark-Gandion helped me to fit to it. I thought by putting it up, it should be a long pedicled tumor there would be some indication of pain in the pelvis that would solve the problem, but to my surprise the condition of the heart now at once changed to perfectly normal. Two weeks went by, when one morning the mother called me saying the little girl's truss had let the "thing" slip down and that her heart was beating so fast that she had to put her in bed.

It had slipped down so that I could barely push it back and forth just back of the pubes. After two hours work I again got it up, yet when I did succeed I found it slipped easier beneath the abdominal wall than before and I succeeded in crowding it clear up under the edge of the ribs where the Spleen should be. I took the child to Clark-Gandion Co., the trussmen, and they succeeded in solving my problem so well that we kept the "animal" well up in place. Since that time the organ has not since prolapsed, the child is perfectly normal in every respect and her parents say she has never been so well.

Lest I be considered crazy in my diagnosis I will state that I have since had the child examined by four other physi-

the state of the patient been such that it would have been possible to chloroform her and thus relax the muscles, the mistake in diagnosis made by the other physicians would not likely have occurred.

Digital examination revealed a nodulated mass situated immediately above the anus, having a firm feel in its central portion but nodulated and fluctuating on its outer border and could be mapped out for about two inches in front and somewhat more posteriorly. I concluded that the mass, in the main, was a fecal impaction with probably an abscess formed in its central portion and that it was situated in the turn of the sigmoid. I advised that other means be tried before an operation was resorted to, and ordered an enema at once. They had ordered milk every two hours and as much eggnog as she would take. The enema brought away a lot of putrid milk that smelled to heaven, and with this fermenting mass came long shreds of mucus, more than ever convincing me that a mass of feces was walled off in the colon. After the enema the temperature fell over a degree and the child seemed to revive wonderfully and this had the effect of convincing the parents that there was hopes of the child's recovery and the father insisted on my having the case; this resulted in an order from the hospital management that the case be removed from their establishment. Although in such a critical condition I decided to have her taken to her home, which was accordingly done the following morning. Two hours after her removal the temperature again rose to 104 and grave disturbances of the circulation alarmed me very much, the pulse being too rapid to count. Frequent doses of veratrine soon brought it down; another enema containing permanganate of potassium brought away more putrid milk and this was followed in about an hour by long shreds of mucus mixed with much pus. I staid with the patient four hours, manipulating the abdomen during which time the temperature dropped to 101 and the pulse became strong at 96. I ordered no food save orange juice, continuing the fast three days more; directed the parents to give two more enemas during the day (normal salt) of one quart each. For the septic condition I ordered echafolta in twenty drop doses every two hours, with instructions to give veratrine 1-67 every thirty minutes if the heart became too rapid.

There was but little change in the condition of the patient for three days save the temperature reduced to 102 and the circulatory disturbance occurred less frequently.

On the morning of the fourth day, after a full enema, the child almost fainted and became so deathlike that I thought the

end was at hand; the anus opened and more than eight ounces of creamy pus oozed out; then as if wrapped in thin gauze two round rolls about two inches long and half an inch in diameter came away; they proved to be hardened feces, showing my conjecture as to fecal impaction being the rectal tumor, was correct. In about an hour the child revived and the temperature became subnormal 97 2-5. Digital examination now revealed no rectal tumor and I felt our victory won.

The child now rapidly recovered and in a few days was up and playing with her dolls, but the pulse was still erratic; so much so that at times she was obliged to lie down. Several days passed, the pus ceased coming away with the enemas and the abdominal walls became flaccid enough so that I could outline a hard lump in the middle line just above the linea alba a little to the left, and to my surprise it was movable. After working with it for some time I succeeded in drawing it up out of the pelvis and found it firm and smooth to the feel and in outline similar to the spleen. This I thought was impossible, but both kidneys could be made out in their normal position and too, where the spleen should be found there was no dullness. I was much puzzled, went home and read up on spleenic conditions but could find nothing like this case. The next day I succeeded in raising it up out of the pelvis and high enough above the pubes to enable placing a truss which Clark-Gandion helped me to fit to it. I thought by putting it up, it should be a long pedicled tumor there would be some indication of pain in the pelvis that would solve the problem, but to my surprise the condition of the heart now at once changed to perfectly normal. Two weeks went by, when one morning the mother called me saying the little girl's truss had let the "thing" slip down and that her heart was beating so fast that she had to put her in bed.

It had slipped down so that I could barely push it back and forth just back of the pubes. After two hours work I again got it up, yet when I did succeed I found it slipped easier beneath the abdominal wall than before and I succeeded in crowding it clear up under the edge of the ribs where the Spleen should be. I took the child to Clark-Gandion Co., the trussmen, and they succeeded in solving my problem so well that we kept the "animal" well up in place. Since that time the organ has not since prolapsed, the child is perfectly normal in every respect and her parents say she has never been so well.

Lest I be considered crazy in my diagnosis I will state that I have since had the child examined by four other physi-

cians, all of whom agree that they can give no better idea than I. Dr. Mitchell and Dr. Scott of our own school and Dr. Hess a very prominent surgeon of the allopaths. Of course an exploratory incision is the only way to absolutely solve the problem but as the parents have not agreed to this I have decided to report the case, and shall be glad to let anyone entitled to do so see the case.

## ERGOT.

A. J. Crance, M. D., Pasadena, Cal.

Read before the California State Eclectic Medical Society.

It may seem presumptuous to speak of Ergot since its early applications in the history of medicine and apparently its full scope of usefulness has long since become an established factor in therapeutics, with probably little new of its usages coming to light in the future. It is not however with a reason of offering something new, but rather to serve as a reminder that I am now speaking of it, especially in view of new fads and fancies looming up almost daily in the medical world which serves to detract the mind from old tried friends in that zeal to apply untried agents of questionable repute appearing today and leaving tomorrow, serving only to render chaotic the practice of medicine with pessimistic ideas of remedial efficacy in the application of any drug to disease expression.

Ergot is a complex drug with a variety of principles though of a similarity in general action with an influence exerted upon unstriped muscular fibre. This selective peculiarity of the agent gives it a scope in medicine not characteristic of any other therapeutically; and qualifies it to meet certain pathological states in those organs having in their anatomical formation, the nature of tissue of unstriped variety. This tissue we find in certain parts of the body as the blood vessels, uterus, urethra, intestines, parts of the bronchia, lymphatics and certain ducts, muscularis of the skin and mucous membranes. The profession are a unit in the fact that ergot will cause contractions of the gravid uterus; and unfortunately the laity have a knowledge of this which they apply with not unusual favorable results among those desirous of aborting pregnancy.

In an obstetric sense, however, the legitimate use of the drug is to produce fibrillar contraction of the uterine body and overcome hemorrhage. It is strange at this late day with what little fore-thought it is given by those who have the right to dispense it in certain states peculiar to females and especially parturition. Ergot is essentially a post partum drug

and is not admissible when the uterus is not empty of conception products. I have observed physicians administer ergot at any period of labor for inertia, to increase "pain" as they say. This display of ignorance, I trust, may be a relict of the past only, with the future to produce a better accounting of judgment. It is unnecessary to speak of the dangers to the child in utero from so potent a remedy, and of the possible evil sequences to the mother. There are but few remedies that bear the distinction of being oxytocic, and barring ergot it is questionable if any other agent possess this virtue in a direct way. The cohoshes, strychnia, gossypium, quinine, contribute some action along this line, but only as they influence associated conditions which lends added vigor to the nervous supply governing the uterus. What I wish to bring out is the use of ergot therapeutically apart from its use in an obstetric sense. In considering the bodily textures over which it has a special affinity and the prevalence of this unstriped muscular fiber in hollow viscera and certain other organs of the body it bears to reason these can be influenced along lines of its special action over them to modify their functions in existing pathological conditions. The influence of ergot is variable owing to usages in short or long periods.

In those who unconsciously use it as a continuous article of diet it proves cumulative through the vaso constriction which it occasions and develops a state termed ergotism, manifested in types of gangrene or convulsions, a poisonous action.

Medicinally its effects are to raise the blood pressure as occurs with digitalis, though this digitalis effect is primarily upon the heart muscle with vaso-constriction ensuing; whilst the action of ergot is not upon the heart proper since it is not possessed of unstriped fiber but secondarily increases its force by constricting the lumen of the blood vessels. Its power of controlling hemorrhages depends upon this feature of lessened vascularity. This same influence of contraction is manifested in all organs anatomically so constituted upon which ergot exerts its force, be it bronchi, hollow viscera, blood vessels or any part of the organism where this unstriped fiber is present. The stimulation of this tissue is carried on through that system of nerves the vaso motor. As an agent in active hyperaemia it is not equal to the bromides or gelsemium for their power of controlling the nervous phenomena upon which the condition depends and especially is this marked in the cerebral form, where determination rather than stasis of blood is the prevailing state. Ergot assumes its peculiar curative role in congestions by its influence of depleting the vascular supply through

a process of contracting the arterioles. In apoplexy or threatening attitudes of oncoming crisis of this nature ergot is a safeguard to the onset as well as curative when the condition is actually present by contracting the blood vessels and arresting the bleeding. In congestive states belladonna partakes of the characteristics of ergot, though more of a stimulant and in its active principle, atropine, we find one of our very best agents for hemorrhages. In relaxed sphincters ergot is of marked benefit; more speedy but of less stability to produce permanent tonicity than strychnia.

Ergot is in direct opposition to nitro-glycerine; when the latter is in demand ergot is surely contra-indicated; high blood pressure and tense vessel walls call for a vaso-dilator, such as glonoin and the relaxed coats of the blood channels with feeble heart impulse means ergot. In hemorrhages from smaller vessels and mucous membranes it has always held a prominent place, though in that from the pulmonary surfaces proper it is a failure. The vaso motor accompaniment in this instance is lacking, therefore, no incentive to stimulate contraction or lessen the lumen in the blood vessels is present. Ergot has proven curative in that not unfrequent distressing malady varix; the enlarged and tortuous veins form pouches along their course, due to relaxed and not unfrequent broken walls resulting from a lack of tonicity in their fibers. To accomplish results in instances of this kind perserverance must be carried for an extended period with small doses of the drug. In anesthesia depression the hypodermic use of the remedy in appreciable doses rapidly brings about added power to the heart in weakened states of the organ through the added influx of blood occasioned by the contraction of the vessels, though, in feeble action from excessive loss of the circulating fluid it is not equal to salt solution for absorption to replete the blood stream; however, in these instances ergot is sustaining until measures affording volume to the current is attained. In emergency cases the maximum dose of ergot is about one drachm, preferably hypodermically and repeated at intervals if required.

If haste is no factor of consideration it is preferable to give it by mouth. In states requiring extended usage of the agent for permanent results five drops four times daily is sufficient. It is useless to say that nothing short of the best is imperative and by preference I have found ergotole to meet the requirements.

## A CASE OF GANGRENE.

M. E. Eastman, M. D., Santa Barbara, Cal.

Read before the Southern California Eclectic Medical Society.

Gangrene is defined as the death of tissue in mass. For clinical study the subject is divided into two general classifications, namely the dry and moist form.

Further subdivisions are made, which facilitates in making a correct diagnosis, and is also helpful when investigating the disease in detail.

Traumatic gangrene may be either localized or spreading.

Symetrical gangrene, that form which is due entirely to abnormal vaso-motor action.

The diabetic form which is encountered in many persons suffering from diabetis.

Hospital gangrene is characterized by septic inflammation of the edges of a wound, with ulceration and sloughing.

The term senile is merely for the purpose of designating the dry form of gangrene so frequently met in persons of mature years.

The causes of gangrene may be either internal or external. Internal when due to abnormal vasomotor disturbance, or embolism. External when caused from pressure, violence, frost bite, or infection.

The treatment in every case of gangrene is either prophylactic or surgical.

Your attention is now asked, in giving the outlines of a case of dry, senile gangrene of the third and fourth toes of the left foot.

Mr. A. W., age 85, American, widower, active and well preserved. Uses neither tea, coffee, tobacco nor alcoholic liquors.

Examination of the affected foot disclosed the third and fourth toes of the left foot to be dry and black up to the metatarsus articulation. Diffuse and line redness extending upward toward the ankle.

History: Six weeks previously a travelling corn doctor was permitted to remove a corn from the great toe of the left foot. A few hours following the operation the pain was about unbearable and the corn doctor was asked for some measures to be employed that would afford relief. A topical application in the form of an ointment was given that did afford relief from the pain when applied, and was continued until the wound was entirely healed.

In about a week later Mr. A. W. felt occasional sharp lan-

cinating pains in the third and fourth toes of his left foot. The pains persisted in frequency and became more and more severe. Upon his examining them they were found to be pale in color and cold. Some simple home treatment was instituted and continued for several days, but without overcoming the abnormal condition.

A physician who was calling in the neighborhood was asked to examine the foot and advise a line of treatment. The doctor diagnosed the condition as gangrene and suggested removal of the patient to the hospital were treatment could be carried out more satisfactorily than at home. The suggestion of hospital treatment was acted upon, and the patient was immediately transferred.

After entering the hospital both palliative and prophylactic treatment were begun, but were discontinued in three or four days as of no avail. An amputation was advised at this time, but the patient not only demurred but became dissatisfied with the hospital staff, and also the doctor; he left for home, and again instituted home treatment of his own prescribing.

A week elapsed with no relief from pain nor subsidence of the disease process. Mr. W. became alarmed about his condition and telephoned for me to call and see him.

My examination revealed the third and fourth toes of the left foot black, dry, and dead, so far as warmth and feeling were concerned, from their distal ends to the metatarsal articulation. Diffuse redness of tissue of foot half way upwards to the ankle.

Diagnosis: Dry, senile gangrene.

Etiology: After chemical examination of the urine, with negative findings of sugar, I decided the gangrene was due to embolism of the dorsal interossei artery to the third and fourth toes. Further examination revealed a slight arterio-sclerosis.

Prognosis: Unfavorable, owing to the age of the patient, and to the hardened condition of the arteries.

Treatment: Amputation at once of the leg in the upper third, leaving only sufficient bone of the tibia and fibula as is necessary for the fitting of an artificial leg.

Mr. A. W. had suffered so acutely up to this time, and such treatment as had been instituted producing no favorable results, he was in such a frame of mind that he expressed himself as preferring death to a continuation of painful days and nights. Such an attitude was conducive to his willingness to be taken at once to the hospital and prepared for an operation.

The patient was first seen by me on April 26, 1910. Re-

moved to the hospital the following morning and operated upon April 29, at 10 a. m.

Preparatory treatment consisted of free though not violent catharsis, enemas twice daily; light, easily digested and nutritious diet; and after thorough cleansing of the foot and leg of the affected limb, with soap and water, the parts were kept enveloped in moist bichloride dressings until removed at the time of operation.

On the morning of April 29, at 8 a. m., patient was given a hypodermic injection of one full strength H. M. C. tablet, Abbotts; and at 9 a. m. one half strength H. M. C. tablet was given. The using of these tablets have been very beneficial in all operative cases in that by their use the dread and nervousness that is most invariably found in persons as the time for operations draws near, practically disappears, and also that the amount of inhaled anesthetic is reduced fully one-half.

At ten o'clock the patient was wheeled to the operating room, and assisted onto the operating table, and was soon fully anesthetized with chloroform. Dressings from the leg were removed and the field of operation prepared for working upon.

A long piece of rubber tubing was employed as a tourniquet and applied a few inches above the knee.

Double flap incisions were made through the skin and dissected up to a level of the line of amputation. The tissues were now dissected from their bony attachments and posteriorly the muscles were severed from the bones, on a line with the upper angles of the incisions to a level with the lower edges of the skin flaps. All muscle tissues and blood vessels between the tibia and fibula were severed. A muslin retractor now held all soft tissues away from the periosteum while this was crowded upward and away from the leg bones to the line of amputation.

With an assistant retracting the soft parts and periosteum the tibia was now sawed nearly through, but not off. The fibula was now severed about one-half inch higher up than the tibia. Then amputation of the tibia was completed, and also the anterior surface of the tibia was sawed off, commencing about two inches above the lower margin. This was done for the purpose of eliminating the sharp corner of the shin bone. Thus providing an easier stump upon which to fit an artificial leg, and also lessen the pressure of sharpened corners upon the soft tissues.

The sharp edges of the bones were now smoothed and rounded off by means of the bone forceps. The retracted periosteum brought down over the ends of each leg bone and the

edges carefully sutured together. This provides a normal covering to the wounded bone, and facilitates its healing. Also prevents in a great measure spicula of the bone from growing downward into the muscular tissue.

Each nerve was seized, pulled outward for a couple of inches and then severed, and allowed to retract above the wounded muscular surface.

All veins and arteries possible to locate were ligated. The field was now cleansed off with sterile water; tourniquet was loosened and every united blood vessel, and especially the arteries, were hunted up and ligated. When free bleeding had stopped the raw surface was fully washed with hot sterile water.

The flaps were now approximated and held in apposition by deep interrupted sutures placed at intervals of every three-quarters of an inch. A running superficial suture was employed to closely approximate the skin edges.

A narrow strip of gauze was inserted at each angle of the flaps for drainage. Plenty of gauze was used to envelop the stump to avoid all oozing that might take place.

The patient rallied nicely from the anesthetic and was never troubled with vomiting. Dressings were removed in five days. Some venous bleeding had taken place but was easily and quickly drained off. Permanganate of Potash solutions were used when necessary for irrigations. Sutures were removed in ten days. Union was primary except a small area at the lowest point of the flaps. Here appeared a suspicious darkening of the skin, but by the use of knife and shears this was quickly dissected off, and no trouble was experienced in the wound healing.

At the end of four weeks the man returned to his home, and in eight weeks took the journey to the Old Soldiers' Home at Sawtelle; where in November, 1910 he was hale and hearty as ever. In closing will state that this patient was a survivor of the Mexican War.

## CONSTIPATION.

N. M. Dewees, M. D., Cambridge, Ohio.

Constipation in nursing children is a source of annoyance that is constantly brought to the notice of the physician. It occurs in the bottle-fed as well as in the child that nurses its mother's milk, and if not remedied, may result in piles.

The cause of this condition is usually that the food contains too much casein, and calls for a modification of diet.

If the child is bottle-fed and ordinary cow's milk is used,

a little boiled water, cream enough to bring it up to the required richness in fat, and a little sugar added, will be all that is needed in many cases.

If the child nurses the breast, the mother is instructed to change her diet. She may eat lettuce, spinach, green beans, beets, turnips, tomatoes and fruits. Some will profit by such instructions, but the chances are that they will send to the drug store for castoria or other patented stuff. They want immediate relief, and it is not an easy matter to pour a teaspoonful of castor oil down the throat of a squirming, resisting youngster. The writer speaks from experience. It is astonishing the amount of money that is spent at the drug store for this condition alone, and the physician is largely to blame.

In the treatment of these cases, after giving proper instruction as to the change in diet, the writer prescribes a three or four-ounce bottle of Elixir Podophyllum, with directions to give one-fourth to one-third of a teaspoonful every 6 to 8 hours till the bowels move, then less often, as the case requires. This medicine is safe for any age, pleasant in action, and the most efficient in overcoming this condition of any remedy we have.

When people get acquainted with the Elixir Podophyllum and its uses, fewer trips to the drug store will result, and less medicine of any kind will be required.

## TONSILLITIS.

J. M. Watkins, M. D., Ludwig, Texas.

Read before the Texas State Eclectic Medical Society.

I have been assigned a paper on the treatment of tonsillitis both medical and surgical. To thoroughly discuss this disease through its different phases would require more time than could be allotted to one paper, so what I shall say on the subject will be very brief and from my experience and not from what books teach us.

Tonsillitis is divided into Acute Catarrhal, Follicular, Membranous, and Hypertrophic:—

Acute Catarrhal Tonsillitis is an acute inflammation of the tonsil mucous membrane and may involve the parenchyma. This condition is more often found in children, and occurs more frequently in winter and early spring; usually makes its entrance to our Public Free Schools where it spreads from one to another. Children get their feet wet or damp on their way to school and remain in a poorly heated and ventilated room all day with wet feet; they become languid, dull, bones ache,

throat dry, fever rises, difficulty in swallowing, the child is restless, tumbling and tossing at night, with an increased temperature, they are always worse at night. The duration is short; if properly treated, usually four days is the limit. If improperly treated the disease may take on some of the other varieties, and the complications are many.

The treatment for Acute Catarrhal Tonsillitis is aconite and phytolacca, doses ranging in proportion to the age of the child. To unload the bowels Rochelle salts should be given, and for the love of humanity avoid mops and gargles; they do harm; an atomizer may be used with some mild alkaline antiseptic solution. Unguentin Terralis applied externally to the throat covered with absorbent cotton will be found very beneficial.

Follicular Tonsillitis:—This form of tonsillitis differs from the preceding one only that there is more involvement of tissue, a partial or all of the tonsil gland may be involved. This form is not found so often in children but more often in young and adult life. This form is ushered in usually by a chill and intense aching of back and legs, there is an intense dryness of the throat and intense pain in swallowing, even water is swallowed with great difficulty. There is an elevation of temperature ranging from 101 A. M. to 104 or 105 in P. M., with increased temperature, the other symptoms are likewise increased. In the treatment of this form, the same rules should be adhered to as in the former.

Rochelle Salts as a laxative, this is best given in small doses continued over a period of twelve hours. For the fever aconite, phytolacca, stillingia, and echinacea is given every two hours, this should be continued through the entire febrile stage. To relieve the intense aching and get the patient comfortable for the night sleep, codeine grains one-fourth to one-half with aspirine grains five should be given at night. Usually one dose is sufficient.

This ordinarily is sufficient for the internal medication; the throat should be sprayed every hour or so with echinacea in some alkaline solution, a very pleasant one is echinacea ʒii glyco-thymolin qs. ℥ii, this will relieve the dryness and inability to swallow very readily. In patients who suffer with rheumatic conditions the sodium salicyl will give most excellent relief, this should be given from five to ten grain doses every three hours until all the symptoms have been relieved.

Membranous Tonsillitis:—This form is more like unto diphtheria than either of the other forms and is often diagnosed as such; the diphtheria bacillus may be present in some cases; this form is not so frequently found as the other varieties. It

is my opinion that it is in treating this form of tonsillitis with antitoxine that the serum therapy people get such excellent results and not in true diphtheria. The additional treatment for this form over the former varieties is lobelia pushed to the degree short of vomiting, with a spray of $H_2 O_2$ in connection with the alkaline solution.

Hypertrophic Tonsillitis:—This variety manifests itself in two forms, the soft and the hard and nodulated.

This form is found more often in the subacute and chronic stages than either of the other varieties. The enlargement in many cases amounts to almost a total obstruction of the throat. There is a general languid, restless condition, the voice is usually affected, the ears may be involved, and there is more or less cough.

In dealing with this variety of throat lesion the treatment may be both medical and surgical. In selecting the cases for medical treatment from the surgical or surgical from the medical we should use our best judgment or else we may select one for the other. Some cases of the soft variety will respond very satisfactorily to internal and local treatment, while others will not, this form being the result more often from repeated attacks of Acute Tonsillitis; therefore our treatment must necessarily be directed accordingly.

In the febrile stage the treatment should be followed as in the former varieties in general, but in the sub-acute and chronic forms we should use remedies that answer the case in hand, usually phytolacca stillingia, echinacea dispensed in the wine of codliver oil given every three hours would relieve those cases that can be relieved by medicine. In addition to the internal treatment a local application of iodiform ℈ii, ether ℥i will give very satisfactory results.

In the hard nodulated form, medicine is not very satisfactory as a rule, in some cases however they respond very well to potassium iodide with the vegetable alteratives. We are forced to look upon some of these cases with more or less suspicion and it is not always an easy matter to determine whether there is a taint or not present and in such cases I have found it a safe bet "When in doubt lead Trumps" give the iodide. When the treatment in either the hard or soft variety fail you then operate. In operating for the removal of diseased tonsils, a few general common points should always be adhered to. After you have selected your case the first thing to find out is whether your patient is a bleeder or not, if you can; this point settled then ascertain whether or not there is any adhesion of

the tonsils and the tonsil pillars; should adhesions be present, they should be broken loose to give free access to the tonsil, the reason for this is in cutting the tonsil pillar you are apt to have considerable bleeding, this precaution being taken reduces the probability of hemorrhage to a very small per cent. In operating on children it is better to use an anaesthetic. Ethyl Bromide or Somnoform is probably one of the best and is sufficiently long enough for such an operation. Chloroform or ether anaethesia are not necessary as a rule. It is not best to try to do the operation on children under cocaine anaesthesia for two reasons;—first, the operation cannot be as successfully done and the other is it increases the probability of a hemorrhage. In adults it is not necessary to give a general anaesthetic, but local anaesthesia is preferable. The removal of tonsils in children is best done with one of the many varieties of tonsiltome, while in adults the tenaculum and saw-tooth-edged scissors are very convenient for the work, and many times the tonsils are too large to allow its passage through the tonsiltome. By using the scissors this difficulty is overcome. The position of the patient is best in an upright or semi-upright posture. The post operative treatment usually consists only of some alkaline solution to be sprayed upon the raw surface.

## VARIATIONS IN THE MEDICINAL THERAPY OF PNEUMONIA IN THE LAST HALF CENTURY.

**By A. Jacobi, M. D., LL. D., New York.**

The therapeutics of Hippocrates was symptomatic and palliative. He was not guided by pathological anatomy, which did not then exist, but by the complaints of the patient and distinct symptoms, such as fever, pain, dyspnoea, and the presence or absence of expectoration. He taught us to watch and follow nature, to support, and to do no harm. Fomentations, bloodletting, bathing, and glutinous or mucilaginous substances—few in number compared with the vast array of substances known to and utilized or abused by us—were his armamentarium in pneumonia and other feverish diseases. Two thousand years after him Sydenham followed the same rules.

Without any increase of positive knowledge, Asclepiades and the Arabs cut loose from the teachings of simple clinical experience. Particularly the latter built up a confused mass of therapeutic measures. Their numberless old and new medicinal internal and external aids and appliances remind us of the detrimental activity displayed by the worst class of our wholesale nostrum vendors and the frauds of modern meretricious practice.

One of the greatest men of medicine, Albertus von Haller,

was the innocent cause of a nefarious change in therapeutic practice about the end of the eighteenth and the beginning of the nineteenth century. His theory of irritability and his assumption of a general vital force subjacent to and controlling every local function, gave rise to two systems of therapy which reigned supreme in many decades; viz., those of John Brown, in England, and Giovanni Rasori in Italy. Both believed that local diseases, such as pneumonia, were manifestations of a general affection and required no local or especial treatment. According to Brown, whose teaching was not adopted by the practical common sense of his own countrymen but attained supremacy in Germany, and through the writings of Benjamin Rush in America, all diseases depended either on depressed or on excited vital force, mainly the former, which required stimulation, while the latter demanded depression. Meat, alcohol, opium, camphor, musk, ammonia, were his main remedies. While most of Brown's diseases were asthenic, they were sthenic with Rasori. Tartar emetic and venesections were his principal resorts in pneumonia. His methods were adopted over a large part of Europe into the second half of the nineteenth century. The great Cavour was treated for his malaria with interminable blood-letting until this saviour and hope of modern Italy was killed by his physicians. Rasori's teaching, which was also that of Peschier, was obeyed in the best medical schools of Europe. Under the orders of my revered teacher, Friedrich Nasse, at Bonn, in 1849-1851, and the supervision of his clinical assistant, Doctor, now Sir Hermann Weber, of London, I treated in 1850 old Abraham, 78 years old, with large doses of tartar emetic and two venesections, one on the cephalic, one on the saphena, until he—survived.

After 1853, I did the same things in New York practice. Most of my pneumonia patients were bled, some on the saphena. To my credit, I may add that after a few years I became less sanguinary, though Payne of the University Medical College was still alive and teaching. Gradually both Brownianism and Rasoriism underwent slight modifications. Rasori relied mainly on antimony—its oxysulphuret was the subject of one of my first New York publications—emetics, narcotics, and digitalis, which he considered to be a sedative; Brown on nutrients and tonics, stimulants and analeptics. Amongst the latter, warmth or heat, and digitalis held a high rank.

By and by, universal vital force was no longer the underlying general support or danger of everything in physiology and nosology; its presence or absence was considered in its local influence on the heart, the nerves, and the blood. Weakness of the heart was treated with alcohol, digitalis, camphor, and cold

bathing, and narcotics and nervines found their ready indications.

The therapeutical nihilism of Vienna was the result of the observation of unsuspected, and in part incredible, changes found at autopsies. A hepatized lung was not believed, when found at the autopsy to have ever been accessible to treatment or to improvement during life. Laennec's teaching at the same period was still anatomic, but anatomic lesions were found during life and not only after death, and not only they but the rapidity of their changes were appreciated. As these changes were known to take place spontaneously, so they were believed to be accessible to treatment, both internal and external. Abscesses and gangrene became amenable to interference, and resolvents, evacuants, and derivants reconquered their former standing. Inflammations and fever, however, became parts of the disease; unfortunately, in the eyes of too many even the disease itself, and antipyresis and antiphlogosis became the gospels and the guides of medical consciences. In 1861 Ernst Brand introduced cold water treatment in typhoid fever. Neither he nor Currie was the first to propose it, but it so happened that, about the same time, the clinical thermometer conquered the field of diagnosis. The reduction of temperature came to be looked upon as a general duty. That was accomplished by chemical aids when water did not suffice or was not selected for that purpose.

In 1820 Pelletier and Carenton dissociated quinine. As it cured the fever in malaria, it was introduced into the realm of pneumonia. Later on, the coal tar preparations, one after the other, were credited with effects unknown and unknowable. Antipyrin was introduced by Knorr in 1884; acetanilid, the joy of the antikamnia mercenaries and the shame of the Commission of the United States Pharmacopoeia, of what was called 1900 and was 1905, by Cahn and Hepp a few years later. And so on, **ad infinitum.** Old vegetable remedies did not lose their standing. Digitalis was often replaced by strophanthus, which was eulogized by Livingstone and Kirk in 1865, and strongly recommended by Th. R. Fraser. Veratrum and mercury came into their own again, and all the other important and unimportant therapeutic measures.

It is quite true, however, that the course of the pathologic process was not disturbed **much,** and was not shortened by treatment; that is the dogmatic dose always given us when we resort to physical or medicinal treatment. We are always told that all our medication, because it cannot improve—**so they say**—anatomical conditions, is useless. That is silly, for it should not be necessary to prove that a strong heart or a weak heart,

an active splanchnic circulation, or a hepatic obstruction, act differently in the process of pulmonary circulation and of absorption. After all, it is on these that the life of a patient may depend in a pneumonia. Finally, I wonder why we should be prevented from keeping the man alive who owns the lung, and why we should take our hands off the lung because it cannot be directly influenced, at least they say so.

As late as the middle of the last century pneumonia was a disease resulting from some internal disposition, whose nature, according to Chomel and many others, was unknown. It originated from mucus in the blood, from bilious or thin blood, angina, pleurisy or suppressed menstrual or haemorrhoidal bleeding. Now and then a local lesion, a pharyngeal wound, was mentioned as a cause of pneumonia. Centuries before, Paracelsus had said: "The body has been given us without venom. Whatever makes man sick is a venom that gets into his nature from outside." That was forgotten. Even the many ailments and accidents resulting from poisons were not utilized to correct the old theories; they lost their nosological dignity and were exiled to special books on toxicology. Semmelweiss, who learned from Paracelsus and his own observations, was ridiculed and driven crazy; even Lister was looked on askance for his innovations. Still the study of wound infections had its influence on internal medicine, and in imitation of the aseptic measures of surgical practice other clinicians looked for internal antisepsis to fight internal disease. As that proved useless, the hunt after more antiseptics was continued, the Greek dictionaries were exhausted in the search for new names; the doctors were disappointed, but never hopeless, the manufacturers got rich, or tried to get rich, quick. Pneumonia, however, was not treated any better or more successfully.

Therapy has always been dependent on or connected with certain pathological doctrines. Its results are in due proportion to our ignorance, or knowledge, and to the difficulties to be surmounted. What little I could say of the trifling influence we appear to have in the different forms of pneumonia, seems to prove it. Better than mere empiricism is the proving of the effects of drugs, of which there are examples in Galen. Storck (1731-1803) made systematic researches in that line. He studied mainly narcotics, such as cicuta, colchicum, hyoscyamus, pulsatilla and stramonium. It has been said that Hahnemann was the first to embark in that sort of study. That is a mistake. The most important progress in pharmacology was made by experimentation at the hands of the men just named.

During the anatomic era, initiated by Bichat and elaborated by Laennec the master, and the Vienna school of Rokitan-

sky and Skoda, it was possible to distinguish between the croupous, catarrhal, gelatinous, and cellular forms, with the differences in their clinical progress, but no indications could be derived from them nor was therapeutics benefited by them. The latter was still controlled either by a theoretical system which imprisoned the common sense of the practitioner, or by his discriminating intelligence which treated the individual patient according to the prevalence of either mild or dangerous looking symptoms.

Another era began for nosology and for therapeutic hopes when, some decades ago, a number of diseases were proven or supposed to be of microbic origin. If tuberculosis was the result of a bacillus, that bacillus had to be killed. Hot air blown into the lungs (Weigert) sulphid of hydrogen (Berget) into the rectum, were expected to do that, but did not. If pneumococcus caused pneumonia, the easiest way to cure the latter was to go for the coccus. That has been done without success. Evidently our views concerning its nature have changed, are improved and more scientific, but our art is not yet abreast of our knowledge of the indications. Bacilli and cocci take their own time; meanwhile, we have to turn away from them and again to the individual, who wants to get well, individually well, no matter how much you know of the essential nature or symptoms of the thousand fellows who have their own pneumonia, not his. Evidently your pneumonia is not that of your neighbor, for you are not he; he is a child, an adult, a senex, previously healthy or not, thin or fat, in good health or run down by care, work and starvation, or he has a pneumonia of a different etiology altogether.

The last few decades of nosology may be called an etiologic era. Under the influence of bacteriologic research the **causes** of pulmonary inflammations have increased, and the **indications** may be expected to change with them. The question is whether they can be fulfilled. The commonest form of pneumonia is that which depends on, or is complicated with, the diplococcus lanceolatus. This ubiquitous pneumococcus inhabits most of the normal mucous membranes. In the healthy it is found in the nose, mouth and pharynx. Its presence does not mean the existence of a pneumonia any more than the presence of a diphtheria or a tuberculosis bacillus on the intact mucous membrane signifies diphtheria or tuberculosis. To start a pneumonia the pneumococcus demands a proximate cause, low barometer, dust, exposure to severe cold, sudden changes of temperature from warm to cold, trauma of the chest. The lungs are not the only organs in which, during the disease, the pneumococcus is found. It is met in, perhaps causes, pericar-

ditis, endocarditis, nephritis, meningitis, pleuritis, conjunctivitis. Death may be caused by universal infection under symptoms of sepsis. Then it is found in the blood. It is **not** contagious. The etiologic indication is the finding and employment of an anti-pneumococcic serum. But it has not been proven that a soluble toxin is secreted in the infected animal body. A serum obtained from pneumococci which has been used to immunize horses, cows and rabbits is not antitoxic nor bactericidal, but Metchnikoff believes it stimulates the increase of leucocytes, and A. E. Wright that opsonin is formed—that is the name given to a protective body—both investigators thinking that thereby the cocci are made subject to phagocytic destruction.

The practical constituents of any hitherto known anti-pneumococcus serum are very doubtful. Anders has collected data with very unfavorable results. In Curschmann's clinic four died out of twenty-four cases. Roemer has made what is called a polyvalent "serum." It is not probable, however, that any serum which is credited with multiple effects will have any. Nor have we any proof that an antitoxin valuable in one infection will prove so in another. A few years ago diphtheria antitoxin was recommended against cerebrospinal meningitis. I have injected from five to forty thousand units into the spinal canal in quite a number of cases. So have others. The result was a temporary notoriety of what is called an author, a discoverer.

Let me again urge, though I am aware that everybody knows it, that the ubiquity of the pneumococcus without illness, is well known at present. One of the first to discuss that was Durck in Deutsch. Archiv. f. Klin. Med., 1897. Lungs of children who did not die of pneumonia and lungs of domestic animals contained the diplococcus and other bacteria. Cultures of bacteria blown into the lungs of healthy animals caused no pneumonia; dust did; so did a mixture of cultures and dust. It is not the presence of pneumococci, but the fixation and their activity in generating toxins, which cause morbid tissue changes.

Acute lobular pneumonia does not run the more or less regular course of the lobar form. Muscles, including the heart, are not so easily or so early affected. Complications with pleuritis are not so common. Thus the danger may not be great in the beginning, but it lasts long, may fatigue and often exhausts the heart, or may terminate in suffocation, mostly depending on catarrhal congestion and oedema.

Interstitial pneumonia, synonymous with peribronchitis, runs a protracted course, with temperatures mostly high and of

long duration, with little or no cough, and incomplete recovery in most cases. Induration and retraction of the pulmonary tissue, ending in bronchiectasia, are common. They are the cases which after many years are frequently mistaken for tubercular infiltration of the apices and upper lobes. No thickening of the adventitia of the smallest vessels is noticed, like that in the white hypatization of syphilis.

Complications with bronchitis are frequent. Then there is cough; also with pleuritis, also with lobular and lobar pneumonia. Then the consolidation or cicatrization of the tissues is a very early result; it appears very probable that the interstitial tissue is more than merely a mechanical support and a rounding off tissue. When the final contraction has taken place no treatment will prove effective. That is why iodides should be given quite early to meet the tendency to hardening. With the action of fibrolysin in subcutaneous injection, given to cause absorption of the organized new tissues, I have no experience.

Streptococcic pneumonia does not begin so suddenly, nor with a chill like pneumococcic pneumonia. It follows angina, diphtheria, scarlatina, or typhoid fever. The localization is disseminated, but after a while whole lobes may be affected by confluence. It migrates suddenly, the spleen is enlarged, it lasts days or weeks. No crisis. The cough is dry, evaporation scanty. Like other infectious diseases, it shows albuminuria. Diarrhoea is frequent, so is the combination with pericarditis, erysipelas and empyema. **It is contagious,** affects whole families, and is epidemic. The diagnosis from pulmonary consumption, when abscesses form and the process is protracted, is made by the presence of cocci to the exclusion of the tubercle bacillus. This form of pneumonia seems to have been known to Hippocrates, who gave a bad prognosis when a severe case commenced with nasal discharges; and for whom, when after a protracted and serious course the disease developed parotiditis and external abscesses, hope revived. Those who have faith in the efficiency of Marmoreck's or other anti-streptococcus serums in malignant affections, such as puerperal fever and scarlatina of bad type, should use it in these cases. I am sure that in a few of the worst cases of streptococcus infections the serum has served me well.

Both the infectious and contagious character of pneumonia were observed by Sir Hermann Weber in 1869. In the Jacobi Festschrift of 1900 he describes cases of a "pneumonia fever as an infectious fever, the prominent symptom of which is a lobar pneumonia." After an incubation of from eleven to thirteen days, his cases would run an acute course of from four to six days, were located in the lower lobe, and were very contagious. One developed great weakness of the heart, one neuritis, and

one a peculiar delirium, such as he has often seen in the rapid decline of febrile diseases.

Influenza pneumonia starts suddenly and develops slowly, is disseminated, is not always amenable to diagnosis by means of percussion and auscultation, and lasts long unless through congestion and oedema it kills by suffocation. Influenza pneumonia participates in the etiologic treatment of influenza, with all its failures.

The same may be said of pneumonias attending or caused by anthrax or by plague. They prove fatal in almost every case of the latter, in fifty or seventy-five per cent of the former. So far, we have no etiologic indication for treatment.

Typhoid pneumonia is of two different types. It may be the first and sometimes the only recognized illness before typhoid fever is diagnosticated, or it is secondary to the changes which are early prominent in the bronchial mucous membrane. Crisis is very rare; even lysis is covered by the other typhoid symptoms. No etiologic indication for treatment of the bacillary infection. Not yet.

Tuberculous pneumonia, sudden or after a hemorrhage, with or without a marked chill; may last one or more months; it terminates in lysis, consolidation, or cavities. No treatment to-day for this pneumonia based upon its etiology. But either a more efficacious tuberculin treatment, or a serum to be found, may attain a local influence on the diseased lung. The tubercular pneumonia resulting from hemorrhage has the lobular type. Forty-five years ago I removed a stone from a baby of nine months by laryngotomy. The baby died five days after of lobular pneumonia. At the autopsy it became quite clear that the lobules affected had collapsed and become the seats of inflammation behind small or large blood coagula which prevented the access of air to the air cells.

Malaria pneumonia requires close observation and examination to be diagnosticated. Begins with or without a severe chill, which I have seen renewed after a day or two. It may intermit, exhibits often a severe perspiration toward evening. At last there is here an etiological indication for the administration of quinine.

There is also a pneumonia which is lit up by a syphiloma of a lung or one that accompanies constitutional syphilis. Mercury and iodides are effective, but on the other hand Lewin speaks of them as occasional accessory causes of pneumonia.

Bacterium coli, bacterium proteus, also lepra, are connected with occasional pneumonias, either as causes or as combinations. No etiologic indications thus far.

When a pneumona runs an unusually abnormal course the case is no longer simple. There are many cases of mixed in-

fection. A mere pneumococcus infection never causes gangrene, or abscess, or protracted absorption. Complications with influenza or tuberculosis are frequent. Old tubercular deposits may soften and become absorbable by a new infection with pneumococcus, with measles, or pertussis, naturally with the impairment of direct therapeutic possibilities.

**Indications for Treatment.**—Extermination of the living or other causes. If that cannot be done, prevent the living or other causes from exterminating the man. The principal indication is to treat the man, not the disease.

Some rules are valid for all sick with pneumonia—rest of body and mind, no visitors, no noise, no excess of light, no high temperature of the room-air, not higher than 60 or 65, not necessarily so low as Northrup recommends it in all cases; liquid food, milk diluted with cereals, milk diluted with hydrochloric acid according to the plan of Dr. J. Rudisch (dil. hydr. acid 1; water 250; milk 500; heat to boiling point); plenty of water or lemonade, or hydrochloric acid in water. Relieve the abdominal circulation and the diaphragm by a purgative, calomel, unless hydrochloric acid be taken; no heavy bedding; warm feet; mustard paste to the chest; mustard footbaths in bed. In very fulminant cases with excessive congestion and cyanosis; a venesection.

In the cases with cyanosis, dilatation of the right heart, and threatening oedema on the second or third day, a venesection with one or a few big doses of digitalis, the equivalent each of ten or twelve grains, may save life. Those are the cases in which a doctor is wanted, while a mild case may be served well by a nurse.

**High Temperature.**—It is understood that a high temperature is not a uniform danger. In persons suffering from an old heart disease, in the prematurely born, in the anemic of all ages it is so, or may be. Whether a warm bath, or a warm bath gradually cooled down, or a cold bath, or cold washing and sponging and friction, or a warm or a cold pack over chest and abdomen are indicated, or the local application of an ice-bag, depends on the individual case and the individual doctor. Forty years ago I could speak of a fair experience with cold water in typhoid fever, pneumonia, scarlatina, variola, ophthalmia, diphtheria of the conjunctiva, heart diseases, local inflammation, phlegmon, synovitis and peritonitis. It has served me well since. No uniform rules fitting every case of pneumonia can be given. It takes brains to treat lungs. The length of these remarks obliges me to be very brief in the desription of medicinal agents; indeed, I may be permitted to be axiomatic.

The most frequent form of pneumonia is the lobar. Even in children one-third of the cases belong to that class. As

a rule, it runs its course in a certain number of days; it is self-limited. But from day to day the patient is under its debilitating influence. I appeal to the common sense and to the conscience of the individual practitioner for the decision of the question whether there should be in the individual case of his patient more or less food, more or less bathing, more or less medicinal stimulation. A fat person, a feeble person, a tuberculous person, an influenza patient, a child with lobular pneumonia, requires early stimulation. I have seen harm from neglecting it, never any from obeying that indication. As alcohol is in part eliminated through the lungs, I believe it is better not to give it during the first few days. Moderate doses of digitalis, strophantus, spartein, caffein, or ammonium (liquor anisatus better than carbonate) will be well tolerated, brace the heart, and may save the strength required for a speedy convalscence. Digitalin is no alkaloid. The preparations of most manufacturers are almost inert; they are unequal, and unreliable. Strychnine is given too much; indeed, it is abused. No myocarditis bears it well; in arteriosclerosis it may be tolerated in small doses; but you do not give medicines for an indifferent but for a full effect. The doses of strychnine must be large in the septic and the thoroughly anaemic.

Of the possible benefit derived from big doses of digitalis and of bloodletting, I have spoken. When expectoration is defective, permanent inhalations of crude turpentine have a good effect. Fill the room with the vapor, but do not annoy your sick friend with pots and kettles and towels near the bedside. As stimulants, I believe in camphor, also in benzoic acid, about a gram or more daily. When the stomach refuses to aid you, give your medicines subcutaneously. Camphor in four parts of sweet almond oil, sodio-caffein salicylate or benzoate, one part in two parts of distilled water, a dose of 10 or 15 minims every two or four hours, or, in pulmonary oedema, every 15 or 20 minutes, until you are satisfied.

Dry pleurisy with its excessive pain, demands morphine, never internally, but subcutaneously. Internally it will have no effect such as you want; subcutaneously, that means locally over the seat of the pain, it will never fail you. It will not cure it, but will relieve, and aid in curing your patient who is anxiously searching your eye for immediate relief and final cure. Incessant cough and sleeplessness caused by pain, must be relieved by an opiate. You may kill your patient by not relieving him. The fanatic interdiction of opium in the cases of infants is copied from one text-book into the next by those who treat people at their desks, and not at the bedside. (Monthly Cyclopedia and Medical Bulletin.)

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.



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## OUR RECENT STATE MEETING.

The meeting in San Francisco was a success! Some of us did not stay as long as we wanted to do, and some of us did not get there at all, but still it was a good meeting. As a result of the energy of the various officers, there was a goodly attendance, a comprehensive program and lots of discussion of the amiable variety. Therefore, we say it was a good meeting and recommend the reader to the contributions from the new President and Secretary, which will be found in the proper department.

## HOW TO CURE CONSUMPTION.

While doing a family practice in former years we treated our share of consumptives; and we still observe with keen interest the work being done in this line by others. To us the plan of attack is simplicity itself, and we venture to outline this very briefly.

By some practitioners consumption is classed as an infective disease, and the very ancient method of trying to cast out the devil is still pursued by the use of tuberculin and other alleged specifics. But as a matter of fact, consumption is a complication of wrongs in various parts of the human machine and the cure consists in correcting each of these wrongs—in building up a new machine. Strong, healthy people do not take consumption. Weaklings contract any infective disease read-

ily, and during the adolescent period they are prone to have consumption. Therefore, make them strong. That is the proper prophylaxis. Oversee their diet and exercise; look after their assimilations and excretions. Don't stuff them and don't overwork them. Don't strain them in any way. Just try for a proper physiological equilibrium, for this it is that brings and keeps good health.

But some patients already have consumption when first seen. Even so, the above treatment is not only curative, but it is the only curative treatment, and remembering always that these patients have a tendency to recover. Just a little help here and there is all that is required; being exceedingly careful at all times not to do harm. Let the disease alone; let fads alone; treat the patient gently. Sustain the vital forces. If the Mors test means anything it means that over 90 per cent of the people have had and recovered from consumption. Fortunately very few of them ever even suspected that they had it, and therefore received no treatment for that particular disease. A little medicine for "what ailed them" helped over the rough places in the road, and blind, unguided nature did the rest. With no change of climate, no exclusive diet, no change of occupation, no tuberculin course of treatment, almost all of the cases of consumption recover, and a considerable percentage of the remainder can be saved, also, if we go about it properly, treating each as a different and individual case. And the conclusion of the whole matter is to avoid harsh measures and sustain the vital forces.

You are all welcome and very much needed to help us to sustain and advance the cause which is at present most promising and encouraging. You will find the subjects discussed are good, practical and enlightening,—the exchange and interchange of thoughts and ideas on all subjects medical, surgical and bacteriological. The bacterium and serum cultures are explained with thoroughness, together with their usages and modus operandi. The theories take home with you for closer study and thought, so that you may deduct and understand their principles and apply them more intelligently, as we should do.

We have thus far cause to be thankful. We should all be enthused in our work and entertain a spirit of benevolence and candor for all things tried and true, and only in such a way can we claim to be true Eclectics.

## SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1912. H. Vandre, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary. Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 2, 1911. H. V. Brown, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 2 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

## LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on June 6th at the usual hour and place, with President Barbrick presiding.

The minutes of the previous meeting were read and approved.

Dr. Aisbitt reported three very interesting clinical cases which were discussed by the various members present.

Dr. Lawrence gave a report of the State Society meeting.

The following motions were presented and passed upon.

RESOLVED: That a vote of thanks be extended to Dr. Barbrick for his kindness in making all arrangements, purchasing tickets, etc., for the party attending the State Society.

RESOLVED: That a vote of thanks be extended to Dr. Lawrence for the splendid care he took of the Los Angeles delegation during their stay in San Francisco.

It was decided that the regular meeting for July be omitted because the various members attending the National meeting will not have returned and several other members will be unable to be present as the date coincides with our National Holiday.

The next meeting will be held on August 8th at the usual hour and place.

Adjournment.

P. M. WELBOURN,
Secretary.

J. F. BARBRICK, President.

## OUR LAST ANNUAL MEETING.

The last California Legislature (the best one we have had in years) has adjourned after some very successful work. Among the things accomplished was the defeating of the various bills to strengthen the power of the medical trusts. "Well done, thou good and faithful servants." The task of the future is for us to go on with the good work we are now engaged in.

Our last meeting was bright, and I hope the next will be brighter and that they all will be filled with the success that marked the last one.

So come and be with us next year and be one of the workers. Come with your energy, new thoughts and suggestions to our annual conventions and intellectual feasts. You will find them instructive, wholesome and crisp and some new ideas and theory of yours might help the cause along.

Let us rally to the cause; it is a great one. Let us perpetuate the memories of the fathers and endeavor to raise the Eclectic standard with each consecutive year as we go marching on.

Eclecticism (from the Greek word Eklektismos—from Eklegim, meaning to choose).

Our school is a distinctive one. It was born of necessity and raised on American soil. Our **materia medica** is also distinctive, and being taught only in Eclectic Colleges no one can take it away from us. Our **materia medica** being far superior and safer is rapidly superseding the old-school **materia medica** and is replacing it to a large extent with greater safety to the patients, as results will show. The synthetics, on account of being so indiscriminately used, at present are being made to account for the recent number of sudden deaths and the many heart failures throughout the land. I would urge that a more conservative and intelligent use of them be made. The bacterins and serums should also be used very discreetly. That some of these synthetics, bacteria and serum cultures have a place in therapeutics I will not deny, but in many instances from indiscreet use, we have very discouraging sequels, which require treatment later—such as weakened hearts and systemic, blood and glandular disturbances (which we never have with our Eclectic remedies). Therefore, let me repeat again, it is far safer to assist than to force nature in her works; and in conclusion I would say to you always (**veri vitalis sustenents**) never use harsh remedies when kinder, safer and more reliable agents are at hand.

DR. VANDRE,
President State Medical Society.

## ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

The thirty-eighth annual meeting of the Eclectic Medical Society of the State of California was held at Hotel Stewart, San Francisco, May 23, 24 and 25th. After an address of welcome by Dr. A. J. Atkins of San Francisco, the meeting was called to order by the President, Dr. John Fearn of Oakland, who conducted the three days' sessions in a masterly manner. One of the noticeable features of the meeting was the remarkable increase in attendance, being a decided gain over the previous years, the encouraging news of the Secretary, of others who were unable to be present on account of personal or business reasons but who showed their enthusiasm for the cause by sending in their dues and their apologies for their absence, the general feeling of perfect harmony that prevailed throughout, the reinstatement of men who had apparently slackened up in their enthusiasm in late years, and the many new applications for membership, and in fact the general idea so manifest at this meeting of all pulling together for the good of Eclecticism in our state certainly reflects great credit on our ex-president, Dr. Fearn and his officers. The papers presented were excellent, showing a great amount of work and care in their preparation, and the discussions were decidedly lively to say the least; in fact the papers were such that would provoke a lively discussion by all present, and I think that no one could leave the meeting who didn't consider that he or she had been greatly benefited by listening to the papers and discussions, and that their ideas had been broadened by coming in contact with various physicians from the different parts of the state. So from the attendance and enthusiasm shown at our last meeting and from correspondence with physicians throughout the state, we may look for a larger and better meeting next year and a bright future for the cause of Eclecticism in California.

The following officers were elected to serve for the year 1911-1912.

President .....H. Vandre
First Vice-President .....Hanna Scott-Turner
Second Vice-President.....J. G. Tomkins
Cor. Secretary .....Ira Wheeler
Rec. Secretary .....H. Ford Scudder
Treasurer .....J. A. Munk
Censors.....J. B. Mitchell, O. Newton, A. J. Atkins

The next meeting will be held in San Francisco, June, 1912.

H. FORD SCUDDER,
Recording Secretary.

## MICHIGAN STATE ECLECTIC MEDICAL SOCIETY.

The thirty-fifth annual meeting of the Michigan State Eclectic Medical and Surgical Society, was held June 7th and 8th at the Hotel Griswold, Detroit, Mich. While an off year in point of attendance and papers presented, the Society transacted two very important matters of business. It unanimously passed a resolution to affiliate with the National Eclectic Medical Association, and it also unanimously condemned the Owens Bill.

V. L. Bell of Grand Rapids and Margaret Kellogg of Petoskey, were received into active membership, and John K. Sudder, Wm. N. Mundy of Cincinnati and Arthur W. Smith of Chicago into honorary membership. All the officers of the Society were unanimously re-elected. President C. H. Murphy, Lansing; First Vice-President H. A. Shafer, Detroit; Second Vice-President, A. L. Robinson, Allegan; Third Vice-President, F. B. Crowell, Lawrence; Secretary, Joseph E. G. Waddington, Detroit; Treasurer, H. G. Palmer, Detroit.

The next place of meeting, Lansing, Mich., June 5th and 6th, 1912.

JOSEPH E. G. WADDINGTON,
Secretary.

## COLLEGE NOTES AND VACATION ITEMS.

J. Fraser Barbrick, A.M., M.D.

**Vacation Time**:—During the vacation months the "notes" will of necessity be more or less uninteresting (if they were ever interesting, that is) as in the vernacular there will be "nothing doing". But we will try and conjure up something from time to time just to show the "boys and girls" that tho "out of sight they are not out of mind". And if any of the students who might have anything interesting to report—such as the matriculation of half a dozen of their friends for the ensuing year, etc.—will just drop the line to me they will receive my personal thanks and I will endeavor to hand the good news on to the rest of "the bunch" through this column.

**The State Meeting and the College**:—Well! well. well! did the Los Angeles delegation have a good time at the State meeting? I should say yes. And one of the things that touched us most was the interest and enthusiasm shown by men of the north for OUR COLLEGE. The majority of those present at the splendid meeting were either graduates of this school or had been identified with it, and surely it "warmed

the cockles of our heart'' to note the pride with which they referred to that fact, and no experienced eye was needed to detect the loyalty and loving tenderness contained in every allusion to ''our college''. It certainly sounded good to us.

**Student Notes**:—Mr. C. L. Stammers remains in the city making up some preliminary work. Poor ''Stam!'' We have to open up the Assembly Hall, Lecture Rooms and Laboratories every morning for him, to keep him from expiring of Nostralgia.

Mrs. Alphonette Goff is spending the summer with her mother in San Fernando.

Mr. H. R. Evans and bright little wife, after a two weeks' vacation in the mountains, have returned to Visalia where Mr. Evans resumes his duties of assistant Superintendent of the County Hospital through the summer months.

Mr. H. T. Cox is spending a few weeks at his home in Long Beach before starting on an extended tour east, during which time he will inspect the principal hospitals and colleges of the cities east and will join the Dean in attendance at the National convention.

Dr. C. H. Ervin we are told has just celebrated a birthday; which one deponent sayeth not. Oh, how we wish we weren't beyond having birthdays.

Doctors Roath and Reinsmidt are plugging hard for the State Board. Here's hoping.

**That Trip**:—One of the most delightful ocean voyages it is possible to take is from our harbor San Pedro to San Francisco and return by either of those magnificent twin turbine steamers, Harvard or Yale. The Southern California delegation to the state meeting took this trip and had a truly enjoyable time. The party consisted of Dr. H. Ford Scudder of Redlands; Prof. E. R. Harvey, Mrs. E. R. Harvey, Master Neil Harvey, Prof. Oran Newton, of Long Beach; Prof. O. C. Welbourn, Mrs. O. C. Welbourn, Prof. B. Roswell Hubbard, Dr. W. J. Lawrence, Mrs. M. E. Garrett and the writer, of Los Angeles. On the trip up the ''night owls'', Scudder, Lawrence, Newton and ——— went to bed when the ''milk'' gave out and the following morning the whole party except Prof. O. C. played the game of ''feeding the fishes'' and ''enjoyed theirselves''(?) Prof. O. C. just chewed gum and enjoyed ''hisself''. I also chewed gum but,—well that's a different story. Our Dean, Prof. Munk went up by train but he couldn't resist the temptation to return by boat and voted it all right. Others present at the State meeting from the south were Dr. J. Park Dougall

of Los Angeles, who went up by "auto"; Dr. B. W. Scheurer of Long Beach and Prof. Hannah Scott Turner of Pomona. The week in San Francisco was an eventful one. Monday afternoon an auto trip to Golden Gate Park as guests of Dr. O. C. and Chinatown in the evening. Tuesday two rousing meetings A. M. and P. M. and a theatre party in the evening. Wednesday two more enthusiastic meetings and a splendid dinner and most enjoyable evening for us all from the south, with two of the dearest people in the world, Dr. and Mrs. Webster, at their home 1914 Myrtle Ave., Oakland, Cal. Thursday the two closing meetings, and as a fitting climax, "the lights of a great city and the Barbary Coast" in the evening. Friday the return trip by the S. S. Yale and Saturday back to lovely Los Angeles and the prosaic practice of medicine.

**A Little Bird Tells Us**:—That Dr. O. C. had the "recall" applied and had to return from the north Tuesday for an emergency operative case; that Lawrence drank too much "milk" and has had Adipsia ever since; that Prof. Hubbard gained both "flesh and good humor" while away; that Scudder had to "beat it"; that Newton "saw the sights"; that Dougall "lost his job" and that yours truly—oh, what's the use.

## NEWS ITEMS.

WANTED: A physician in Los Angeles desires an assistant. Salary, one hundred dollars per month and an opportunity to have some time for himself.

Dr. B. R. Hubbard and Dr. W. J. Lawrence have moved into the Ferguson Building, Corner 3rd and Hill Streets, Rooms 600, 601, 602, 603.

Dr. H. Scott-Turner, Pomona, has returned from an extended visit in Pennsylvania. A short visit was also made in San Francisco and vicinity.

Dr. A. J. Compton, formerly of Elsinore, paid this office a friendly visit recently enroute to Charleston, W. Va. He also brought a collection of seeds from Virginia for the College Botanical Garden.

Dr. J. A. Munk, Dr. Q. A. R. Holton, Whittier, Mrs. Garrett, Miss Grace Monk and H. T. Cox formed a party leaving Los Angeles on June 15th for the National meeting.

## GIFT TO NEW ENGLAND ECLECTICISM.

At the opening session of the second day of the 17th yearly meeting of the New England Eclectic Medical Association, Allyn Nouse, Hartford, Conn., Tuesday and Wednesday, May 9th and 10th, 1911, the Eclectic Medical College of the city of New York, by its special delegate, President George Washington Boskowitz, A.M., M.D., presented the association with a free scholarship, to be known as The New England Eclectic Medical Association's Perpetual Free Scholarship in the Eclectic Medical College of the city of New York, which generous gift, as unexpected as unsought, was appreciatively accepted.

This "Scholarship", which is for such properly prepared residents of New England as the Association recommends, will greatly stimulate northeastern Eclecticism, eventually.

FREDERICK WALLACE ABBOTT, M. D.,
Sec. of N. E. E. M. A.

## BOOK REVIEW.

### MERCK'S MANUAL OF THE MATERIA MEDICA.

(Fourth Edition.)

A ready Reference Pocket Book for the Physician and Surgeon. Containing a comprehensive list of Chemicals and Drugs—not confined to 'Merck's"—with their synonyms, sollubilities, physiological effects, thereapeutic uses, doses, incompatibles, antidotes, etc.; a table of Therapeutic Indications, with interspersed paragraphs on Bedside Diagnosis, and a collection of Prescription Formulas, beginning under the indication "Abortion" and ending with "Yellow Fever"; a Classification of Medicaments; and Miscellany, comprising Poisoning and Its Treatment; and an extensive Dose Table; a chapter on Urinalysis, and arious tables, etc. (Merck & Co., 45 Park Place, New York. 1911. 493 pages. Sent on receipt of forwarding charges of 10 cents, in stamps, to physians, or to students enrolled in any College of Medicine, in the United States.)

Battle & Co., of St. Louis, have just issued No. 16 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.

## READING NOTICES.

### QUININE WITHOUT EBRIETY.

When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia & Quinine Tablets". The antikamnia in these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemicrania), in the neuralgias occurring in anaemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—Medical and Surgical News.

### IF THE STOMACH WERE A SACK.

If the stomach were a sack into which uncooked food and nauseous drugs might be thrown and be digested and absorbed into the system—then there could be no objection to plain crude cod liver oil. The stomach would use it just as it would the uncooked food. But since the stomach is not a sack, but happens to be a delicate organ, which will resent harsh treatment, uncooked food, nauseous drugs and plain crude cod liver oil are not good for it and against them it rebels. Our common sense warns against uncooked food; deference to the patient's taste guards against the administration of disagreeable drugs, and the manufacturing chemist has made it possible to give cod liver oil in palatable form. Hagee's Cordial of the Extract of Cod Liver Oil Compound is the most efficient and palatable of the cod liver oil preparations and its great value as a tissue food has won for it wide use at the hands of physicians.

### A GOOD BISMUTH PREPARATION.

After an exhaustive study of the chemical and physical properties of bismuth and its compounds, the chemical experts

of Parke, Davis & Co. two or three years ago succeeded in perfecting what many physicians consider the most eligible preparation of the kind—Milk of Bismuth, P. D. & Co., a mixture containing the hydrated oxide of bismuth in suspension. The product is stable under all ordinary conditions of temperature and exposure to light and air.

The advantage which Milk of Bismuth, P. D. & Co., possesses over other compounds of the metal is the state of fine subdivision in which the hydrated oxide is presented. This insures its more thorough distribution over the mucous surface of the alimentary canal, upon which it exerts a peculiarly beneficial effect. Its action is not only astringent, but, as some writers have observed, it appears to have a specific effect upon certain lesions, as ulcers, causing them to heal. It is also an antacid and protective, and undoubtedly is mildly antiseptic. Each fluid-drachm of Milk of Bismuth, P. D. & Co., represents the bismuth equivalent of 5 grains of the subnitrate.

## AN IMPROVED HYDRATED MAGNESIA.

An agent which undoubtedly deserves to be more widely employed than it is at present is magnesium oxide. While long held in high professional favor, many physicians in the past have refrained from prescribing it because of the many faulty preparations which found their way upon the market. Practitioners who have felt this restraint would do well to make a test of Milk of Magnesia, P. D. & Co., an improved hydrated magnesia which lacks the objectionable features of many similar preparations and which may be depended upon for uniform and certain results.

Milk of Magnesia, P. D. & Co., is a purely aqueous mixture, concentrated and active, each fluid ounce representing about thirty-two grains of magnesium hydrate. It does not contain sodium sulphate. It is entirely stable under ordinary conditions, remaining unchanged indefinitely. The product is valuable as an antacid and gentle laxative in dyspepsia, sick-headache, gout and other complaints attended with hyperacidity and constipation; in diarrhea due to intestinal fermentation; in gastric disorders peculiar to children in which acidity of the primae viae is often a prominent feature; and whenever gastric irritability and deranged function are present, as evidenced by nausea, gastralgia, eructation, pyrosis and other manifestations of hyperacidity. It is pleasant to take, being readily accepted by children and persons of fastidious taste.

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The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is **"Syrup of Figs and Elixir of Senna."**

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

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Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

## ITS ETHICAL CHARACTER.

Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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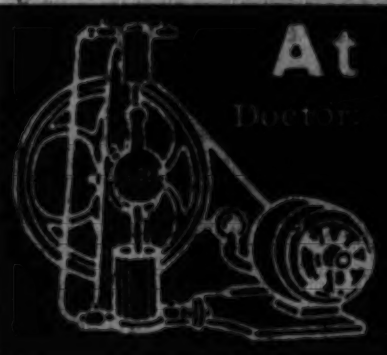

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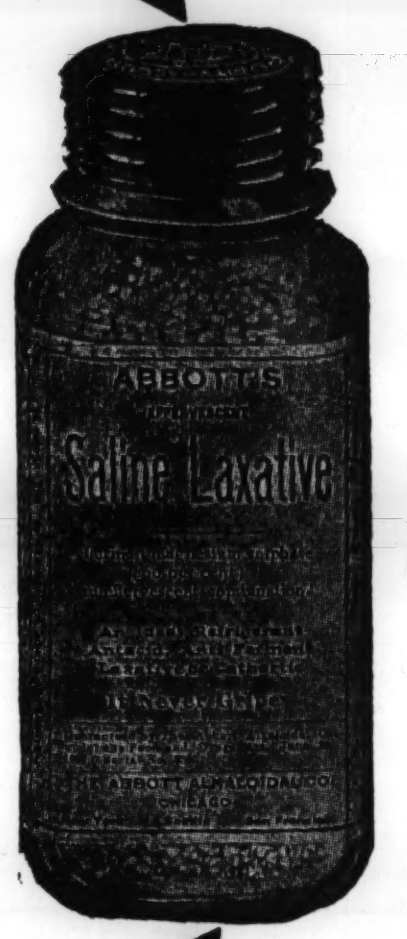


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**Compositio prima ante alias omnis.**

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